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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/622,027
	Filing Date	July 16, 2003
	First Named Inventor	Evan C. Unger
	Art Unit	1615
	Examiner Name	Unassigned
	Attorney Docket Number	5030-0003.01

Mail Stop **Amendment**

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Fee(s) due <input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Check for \$36.00 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <b>The Commissioner is hereby authorized to charge any additional or underpayment of fee(s) to Deposit Account No. 18-0580.</b>		

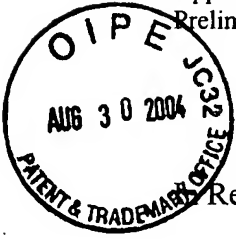
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name (print/type)	Shelley P. Eberle, Reg. No. 31,411 Reed & Eberle LLP	Telephone	(650) 330-0900
Signature		Date	August 26, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (print/type)	Joe Clark	Date	August 26, 2004
Signature		Date	August 26, 2004

IFW ✓

Application No. 10/622,027  
Preliminary Amendment dated August 26, 2004

Atty Dkt No. 5030-0003.01



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Re Application of:

Evan C. UNGER

Confirmation No.: 1650

Serial No.: 10/622,027

Group Art Unit: 1615

Filing Date: July 16, 2003

Examiner: Unassigned

Title: SOLID MATRIX THERAPEUTIC COMPOSITIONS

**PRELIMINARY AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 2213-1450

Sir:

This is a preliminary amendment to the above-identified application. Prior to examination, please amend the application as follows:

Amendments to the Claims are reflected in the listing of the claims which begins on page 2 of this document.

Remarks begin on page 8 of this document.

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